

<i>SERFF Tracking Number:</i>	<i>AEGB-126827170</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western Reserve Life Assurance Co. of Ohio</i>	<i>State Tracking Number:</i>	<i>46995</i>
<i>Company Tracking Number:</i>	<i>SA02 0910W</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>SA02 0910W</i>		
<i>Project Name/Number:</i>	<i>Fixed Settlement Endorsement Election/SA02 0910W</i>		

## Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: SA02 0910W

SERFF Tr Num: AEGB-126827170 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: L04I.500 Other

Co Tr Num: SA02 0910W

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Mara Carberry

Disposition Date: 10/08/2010

Date Submitted: 10/06/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Fixed Settlement Endorsement Election

Status of Filing in Domicile: Pending

Project Number: SA02 0910W

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/08/2010

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Deemer Date:

Created By: Mara Carberry

Submitted By: Mara Carberry

Corresponding Filing Tracking Number:

10000233, 30822730 (WRL)

Filing Description:

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC#468-91413

Form Numbers:

SA02 0910W – Fixed Settlement Endorsement Election

Dear Sir/Madam:

SERFF Tracking Number: AEGB-126827170 State: Arkansas  
Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46995  
Company Tracking Number: SA02 0910W  
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other  
Product Name: SA02 0910W  
Project Name/Number: Fixed Settlement Endorsement Election/SA02 0910W

Please find attached a copy of the above referenced form. This is new form and is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures. This form is also being filed on our sister company of Transamerica Life Insurance Company under SERFF Tracking # AEGB-126827169.

Fixed Settlement Endorsement Election – is a supplemental application that will be used by the policy owner to elect their Net Death Benefit settlement option at the time of policy issue.

We intend to use the Fixed Settlement Endorsement Election with the Fixed Settlement Endorsement form IPO01 which was approved by your department on September 8, 2010 under SERFF Tracking # AEGB-126772757.

This supplemental application will be used via paper by licensed agents. We intend to use this form in a traditional manner whereby the owner/applicant signs the application in ink and submits the application to the Company.

We also plan to make this application form available electronically. It is our intent to use this application form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the owner/applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with this application will not be affixed to or duplicated on any other document.

A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Mara Carberry  
Policy Analyst, Contract Development

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Product Name: SA02 0910W  
Project Name/Number: Fixed Settlement Endorsement Election/SA02 0910W

(319) 355-3497 (collect)

Fax #: (319) 355-2501

mcarberry@aegonusa.com

XXXXXX@aegonusa.com

## Company and Contact

### Filing Contact Information

Mara Carberry, Policy Analyst mcarberry@aegonusa.com  
4333 Edgewood Rd. NE 319-355-3497 [Phone]  
MS 2225 319-355-2501 [FAX]  
Cedar Rapids, IA 52499

### Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio  
4333 Edgewood Road NE Group Code: 468 Company Type:  
Cedar Rapids, IA 52499 Group Name: State ID Number:  
(319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00/form/company x 1 = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	10/06/2010	40358840

<i>SERFF Tracking Number:</i>	<i>AEGB-126827170</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	10/08/2010	10/08/2010

<i>SERFF Tracking Number:</i>	<i>AEGB-126827170</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>SA02 0910W</i>		
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<i>Product Name:</i>	<i>SA02 0910W</i>		
<i>Project Name/Number:</i>	<i>Fixed Settlement Endorsement Election/SA02 0910W</i>		

## Disposition

Disposition Date: 10/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Project Name/Number:</i>	<i>Fixed Settlement Endorsement Election/SA02 0910W</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Fixed Settlement Endorsement Election		Yes

SERFF Tracking Number: AEGB-126827170 State: Arkansas

Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46995

Company Tracking Number: SA02 0910W

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: SA02 0910W

Project Name/Number: Fixed Settlement Endorsement Election/SA02 0910W

## Form Schedule

Lead Form Number: SA02 0910W

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SA02 0910W	Application/ Fixed Settlement Enrollment Form	Fixed Settlement Endorsement Election	Initial		50.500	SA02 0910W.pdf



Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499]

## FIXED SETTLEMENT ENDORSEMENT ELECTION

You have requested to pay the Net Death Benefit of your policy through the Fixed Settlement Endorsement. The payments requested below are requests only and the payments shall be made as outlined in the Fixed Settlement Endorsement and the Policy Data. This form will be made part of your policy. All requested payments are subject to the terms of the policy and the Fixed Settlement Endorsement. If there are multiple Beneficiaries listed on the policy, the payments will be proportionately split between them unless otherwise indicated in the Special Instructions.

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The undersigned owner hereby requests that the Net Death Benefit be paid as follows:

**Initial Lump Sum**

\$\_\_\_\_\_ shall be paid to the Beneficiary when the company determines that the policy's death benefit is payable. (minimum of [\$10,000] required)

**Monthly Payments**

\$\_\_\_\_\_ per month shall be paid to the Beneficiary for the Guaranteed Period.  
(minimum of [\$100] per Beneficiary required)

**Guaranteed Period**

The amount of time during which monthly payments shall be made is \_\_\_\_\_ years (must be at least [5] years and not more than [25] years).

**Final Lump Sum**

\$\_\_\_\_\_ shall be paid to the Beneficiary at the end of the Guaranteed Period.  
(minimum of [\$10,000] required)

**Special Instructions**

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\_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Date



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TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other  
Product Name: SA02 0910W  
Project Name/Number: Fixed Settlement Endorsement Election/SA02 0910W

## Supporting Document Schedules

Item Status:

Status

Date:

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Flesch Score W.pdf

AR - Rule and Regulation 19.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Application

**Comments:**

Fixed Settlement Endorsement form # IPO01 was approved on September 8, 2010.

Item Status:

Status

Date:

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

SA02 0910W Statement of Variability.pdf

**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO  
FLESCH READABILITY CERTIFICATION**

**Form Number (may vary by state)**

**Flesch Score**

SA02 0910W

50.5

I certify that the machine scored Flesch Readability score for the above mentioned form is accurate.

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Cheryl Bock, Assistant Vice President, Contract Development

**RULE AND REGULATION 19**  
**STATE OF ARKANSAS**

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

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**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO  
STATEMENT OF VARIABILITY**

**SUPPLEMENTAL APPLICATION: SA02 0910W**

We have bracketed the variable items in this form. No change in the variability will be made which in any way expands the scope of the wording. Western Reserve Life Assurance Co. of Ohio reserves the right to correct, at any time, any and all typographical errors that do not impact the benefits or intent of language.

**SA02 0910W – Fixed Settlement Endorsement Election Supplemental Application**

1. **Administrative Office Address:** The Administrative Office address may change to another location in the future.
2. **Initial Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.
3. **Monthly Payments:** The minimum amount is currently \$100 but could change in the future.
4. **Guaranteed Period:** The amount of time during which monthly payments shall be made, if elected, currently is at least 5 years and not more than 25 years. This could change in the future.
5. **Final Lump Sum:** The minimum amount required is currently \$10,000 but could change in the future.